D PLAN OF CORRECTION DENTIF			IDER/SUPPLIER		(X2) MULTIPLE CONSTRUCTION A. BUILDING	1 ' '	TE SURVEY PLETED			
		VS3351ASC		B. WING	01/0	06/2010				
NAME OF PROVIDER OR SUPPLIER Specialty Surgicare of Las Vegas, LP STREET ADDRE 7250 Cathedral Las Vegas, NV										
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS- COM TAG REFERENCED TO THE APPROPRIATE DEFICIENCY)					
A 00	INITIAL COMMENTS			A 00						
	This Statement of Def a result of a State Lice conducted in your fact on 1/06/10, in accorda Administrative Code, Centers for Ambulator	ensure focused ility on 1/05/10 ance with Neva Chapter 449, \$	d survey and finalized ada							
	A Plan of Correction (The POC must relate and prevent such occ- intended completion of established to assure be included.	to the care of urrences in the lates and the r	all patients e future. The mechanism(s)							
0	Monitoring visits may going compliance with			 						
	The findings and conc by the Health Division prohibiting any crimin actions or other claim available to any party state or local laws.	shall not be o al or civil inves s for relief that	construed as stigations, t may be							
A102 SS=D	The following deficien	cies were ider		A102	الما الما					
	NAC 449.983 Protect Disaster	ion from Fire a	and Other	Dur	digget to					
	The administrator's members of the staff protected from fire or prepare a written plantaken by the members the case of any such be approved by the gire department and many (1) A rehearsal and a	and patients a other disaster in describing all softhe staff a fincident. This overning body nust include pr	re adequately s. He shall l actions to be nd patients in plan must and the local rovisions for:	UM -	of it	ת מוסדגוו מו	ECEIVED AN 2 2 2010 LICENSURE AND CERTIFICATION AS YEGAS, NEVADA			

TORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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f deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of leficiencies.

) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER		(X A.			TE SURVEY PLETED	
NVS3351ASC				В.	WING 01/06/2010				
NAME OF PROVIDER OR SUPPLIER Specialty Surgicare of Las Vegas, LP STREET ADDRE 7250 Cathedral Las Vegas, NV			Rock						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				D FIX AG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETION DATE		
A 102	Continued From page 1 once each year with a separate rehearsal for other disasters at least once each year. A written report and evaluation of each rehearsal must be on file. This Regulation is not met as evidenced by: Based on interview and document review the facility failed to ensure a disaster drill was conducted at the facility at least once a year. 1. A review of the facilities disaster drill records revealed the last documented disaster drill conducted at the facility was on 4/25/07. 2. On 1/5/09 at 4:30 P.M. the administrator confirmed the facility had not conducted any		A10	<i>c</i> h	The Disaster Plan has been reviewed revisions by the Administrator on Jar The Disaster Plan was approved by the Body on 1/20/2010. See Attachment A Disaster Drill (Earthquake) was co January 18, 2010 at 1200PM with the with written report and evaluation. Responsible Persons: Administrator, Director, Risk Manager on January 18, 2010. 2010 Drill Schedul Clinical Director, Risk Manager on January 18, 2010. 2010 Drill Schedul Clinical Director, Risk Manager on January 18, 2010. 2010 Drill Schedul Clinical Director, Risk Manager Organization. Responsible Persons: Administrator, Director, Risk Manager Compliance Monitoring: The Adminionitor to assure all disaster drills ar per plan. See Attachment C. Result	1/18/2010			
		·		91	į	reported to Safety, QI, MEC, and Go	verning Body.		
	Severity: 2	Scope: 1		: 1					
A112 SS=D	2. Each employee of (a) Have a skin test for accordance with NAC each test must be matched that the secondary response to	Each employee of the center must: Have a skin test for tuberculosis in excordance with NAC 441A,375. A record of each test must be maintained at the center. This Regulation is not met as evidenced by: ased on interview, record review and the cilities tuberculosis exposure control plan, the cility failed to ensure 2 out of 10 employees		A11	2	Upon notification on non-compliance summary, the Administrator and Clin reviewed the Center's existing TB Ex Plan and Symptom Surveillance Forn changes made. On 1/18/2010, the Infection Control 1 the Tuberculosis Exposure Control P Communicable Disease Preparation, Control Plan and Employee Health N description with Employee # C who is Employee Health Nurse. See Attachment D.	nical Director Aposure Control In with no Nurse reviewed lan, Infection lurse job	1/13/2010 1/18/2010	
	surveyed had record of tuberculin skin test up #8)		•			Employee # 1 completed 2 -step TB s 1/15/10. Test negative. See Attachn			
A9999	Severity: 2 Final Comments Chapter 449 NAC Sec	Scope: 1		A99	99	Employee #2's initial PPD test performed a positive reaction of 10mm to Concentra on 1/21/2009 for chest ray results revealed 5mm calcified gray results region. Employee sent to 6 1/26/2009. Results of physical examemployee found to be free from active medical restrictions. Tested, See Attachment F.	Employee sent x-ray. Chest x-ray. Chest x-ranuloma v. Ich Concentra on revealed to TB with no	CEIVED AN 2 2 2010 CENSURE AND CERTIFICATION	
	•			•	·	, reston see Anaellinean F.		AS YEGAS, NEVADA	

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If continuation page 2 of 6 Sheet

		ER/SUPPLIER ATION NUMBI		A.	(X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SL COMPLET B. WING 01/06/201		PLETED		
NAME OF I			TREET ADDR	ESS ()					
	PROVIDER OR SUPPLII Surgicare of Las Vegas	7:	250 Cathedral as Vegas, NV	Rock	111,	STATE, ZIF GODE			
(X4) ID PREFIX TAG	SUMMARY STATE (EACH DEFICIENCY M REGULATORY OR LSC	UST BE PRECEE	DED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION SHOUND REFERENCED TO THE APPR DEFICIENCY)	JLD BE CROSS-	(X5) COMPLE1 DATE	
A9999	Each program for the prevention and confinections and communicable diseases include policies and procedures to prevexposure to blood borne and other pote infectious pathogens, including, without limitation, policies and procedures related. 1. Hand hygiene, including provisions the time and procedure for handwashin soap and water or use of an alcohol barrub.		s must vent lentially ut sting to: regarding ng with	100 A99999	j puol	An Employee Checklist was revised the daministrator which provides a shorter the date which documents the end of Step 1 and Step 2 of the Mantoux test with Administrator sign-off. See Responsible Persons: Administrator, Employee Health Nurse. Compliance Monitoring: The Infect Nurse and Administrator will monito compliance. See Attachment G, H. reported to QI, MEC and Governing	pecific area to nployee's receipt tuberculin skin Attachment G. Admin Asst; ion Control r to assure Results will be	1/18/2010	
	2. Proper use of med and procedures must, each person who work center must wear med person: a. Anticipates coming bodily fluids. b. Handles contaminal equipment. c. Handles biohazard	, at a minimum p ks at an ambulat dical gloves when in contact with b ated instruments,	rovide that ory surgery n the			A. Policies and Procedures Policies and Procedures were revised the Administrator to comply with the Regulations which provided addition the Hand Hygiene policy on the prop gloves describing that gloves must b minimum when a person: 1) Anticip contact with blood and bodily fluids; contaminated instruments, items and Handles biohazard waste; 4). Handle; potentially contaminated with biohaz 5). Performs housekeeping activities contaminated surfaces. See Attachm	State of Nevada al detail within er use of medical e worn at a ates coming in 2). Handles equipment; 3). s linen ard waste; and or cleans	1/15/2010	
	d. Handles linen pote biohazard waste; and e. Performs houseke contaminated surface 3. Safe injection practice contamination of equand medication.	eping activities o	or cleans the			In addition, a separate policy was cre 1/15/2010 by the Administrator speci individuals who work at Specialty Sumust wear medical gloves when the participates coming in contact with b fluids; 2). Handles contaminated inst and equipment; 3). Handles biohazar Handles linen potentially contaminate biohazard waste; and 5). Performs he activities or cleans contaminated surfattachment J.	ifying that urgery Center person: 1) lood and bodily ruments, items d waste; 4). ed with pusekeeping	1/15/2010	
	Proper handling of the disposal of sharp		ents and		/	Governing Body approved policies a on1/20/2010. See Attachment O.	27 400	ECEIV	
				1	/	Staff were educated on the Center's Control Program with considerable t Hand Hygiene and Proper Use of Me	Infection focus on policies!	1	CERTIFIC

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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leficiencies.

TEMENT OF DEFICIENCIES ()		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED		
		NVS3351ASC	E	B. WING	01/06/2010		
	PROVIDER OR SUPPLII	7250 Cathedr	al Rock	, STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	EMENT OF DEFICIENCIES UST BE PRECEEDED BY FULL DIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHOUND REFERENCED TO THE APPROVIDENCE)	ULD BE CROSS-	(X5) COMPLETION DATE	
A9999	Continued From page 3 Based on observation, interview and facility policy and procedure review the facility failed to ensure surgical staff wore gloves when handling contaminated instruments, items and equipment and when performing injection practices and handling and disposing of contaminated sharp instruments.			DEFICIENCY) Disposal of Blades, Glass, Needles, Stylinges and Medication Guidelines Control Nurse during a Staff Meeting Staff Was, informed that an annual at Acquired pertaining to the instruction infections, the prevention of fires, the patients, preparation in case of disast policies and procedures of the Center Attachment I, J, K.	by the Infection g on 1/18/2010. testation is in the control of e safety of the er and the	1/19/2010	
	The facility failed to impolicies and procedure		'\	Responsible Persons: Administrator, Control Nurse	, Infection	©.	
0	intubating a patient ar administering intraven patient's intravenous l A circulating nurse wa contaminated specime	ous medication through a ine without wearing gloves. is observed handling en containers and ated sharps into a trash		The Staff Orientation Program has be 1/19/2010 by the Administrator to re employee attests to having received it control of infections, the prevention safety of the patients, preparation in and the policies and procedure of the 10 days of hire and annually thereaft an attestation. See Attachment J. Responsible Persons: Administrator	flect the instruction in the of fires, the case of disaster Center within er by completing	1/19/2010	
	Chapter 449 Section	16.		Assistant, Infection Control Nurse			
	of infections and com- include policies and p vials which provide th	the prevention and control municable diseases must rocedures for multidose at a multidose vial may be ag aseptic technique. The es must provide that:		The Medical Staff including anesther notified on 1/22/2010 via certified in Administrator of their responsibility medical staff bylaws, rules and regu comply with the revised policies and Hand Hygiene and Proper Use of Me	nail by the as per the lations, to procedures: edical Gloves;	1/22/2010	
		ose vial must be cleaned wipe before the vial is		Disposal of Blades, Glass, Needles, Syringes and Medication Guidelines L,J. Responsible Persons: Administrator	s. See Attachment		
	procedure review the	, interview and policy and facility failed to ensure edure anesthesiology staff		Director, Infection Control Nurse	R	ECEIVED	
	wiped the caps of sing an alcohol based wipe	gle and multidose vials with e prior to access and failed orts with an alcohol based	\searrow	Compliance Monitoring: All staff including all medical staff p be monitored weekly for compliance and procedures beginning 1/22/2010 aggregated, analyzed and reported to	with policies Results will be	AN 2 2 2010 ICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	

RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPI					2) MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURVEY COMPLETED			
NVS3351ASC			VS3351ASC		В.	WING	01/06/2010		
NAME OF PROVIDER OR SUPPLIER STREET ADDRI 7250 Cathedral Specialty Surgicare of Las Vegas, LP Las Vegas, NV									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (X: (EACH CORRECTIVE ACTION SHOULD BE CROSS- COMPL REFERENCED TO THE APPROPRIATE DA' DEFICIENCY)			
A9999	D SUMMARY STATEMENT OF DEFICIENCIES IX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		A9999		Control Committee, QI Committee, Qi Governing Body. See Attachment M. Responsible Persons: Administrator, Medical Director, Cli Infection Control Nurse	nical Director,	CEIVED AN 2 2 2016 INCENSURE AND CERTIFICATION AS VEGAS, NEVADA		
	RY DIRECTOR'S OR PI			SENTATI\	Æ'S	S SIGNATURE TITLE Appr	DAT	e 20/10	

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If continuation page 5 of 6 Sheet

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED 01/06/2010	
		NVS3351ASC		B. WING 01			
	PROVIDER OR SUPPLI	7250 Cathedi	ral Rock	TY, STATE, ZIP CODE			
(X4) ID PREFIX TAG	SUMMARY STATE (EACH DEFICIENCY M	EMENT OF DEFICIENCIES IUST BE PRECEEDED BY FULL CIDENTIFYING INFORMATION)			(X5) COMPLETION DATE		
A9999	center and each person ambulatory surgery conter and has expossiball receive training a supervising staff on his concerning the progration of infections a within the first 10 days least 12 months there. 2. An employee or pethe ambulatory surge to receive training and subsection 1 more off his supervisor determine evaluations are necesunderstands and will procedures of the procontrol of infections a Based on observation record review, the fact infection control nurse prevention and control transmission of infect diseases and was known facilities infection contained procedures. Severity: 2	an ambulatory surgery on under contract with an enter who works at the ure to patients at the center and be evaluated by is knowledge and skills am for the prevention and nd communicable diseases of employment and at rafter. Person under contract with ry center may be required devaluation described in ten than every 12 months if the start such training and assary to ensure he follow the policies and gram for the prevention and nd communicable diseases. In, interview and training in of the development and ions and communicable over the end specialized training in of the development and ions and communicable over the trol guidelines, policies Scope: 3	A9999	Employee Checklist was revised by 1/18/2010 to insure that employees who have exposure to patients at the reviewed the Facility's Infection C within 10 days of hire and annually completing an attestation. See Attachment O. Infection Control Nurse, Employ from the facility on January 11, Employee #B was designated Administrator on 1/14/2010 and the title and responsibility of Infi Nurse. Employee B is very known the Center's Infection Control Policies and Procedures and Surveillance Monitoring Tools. It course completion provide detaining in the prevention and condevelopment and transmission communicable diseases. Specifically with the State Infect Practice and Sterilization Issue: Infection Control Coordinator Town Managing Today's OR Suite: Sold Infection Control Coordinator Town Managing Today's OR Suite: Sold Infection Control Coordinator Town Managing Today's OR Suite: Sold Infection Control Coordinator Town Managing Today's OR Suite: Sold Managing Today's OR Suite: Sol	ree # 3 resigned 2010. The by the agreed to accept ection Control of the center and alized training all Conference: ion Control of the of infections and alized training; all Conference: ion Control of the of infections and alized training; all Conference: ion Control of the of infections and alized training; all Conference: ion Control of the original Conference: ion Control of the original Conference: ion Control of the Governing; C). Iterile Processing ction Control.	I/18/2010 IAN 2 2 2010 FLICENSURE AND CERTIFICATIVE LAS VEGAS, NEVADA	
	an Bey	ROVIDER/SUPPLIER REPRI	ESENTATI	VE'S SIGNATURE TITLE Apr	n //	20/10	

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